Teletrauma: Preliminary Design & Findings From Vermont's Rural Telemedicine Network

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Rural Trauma Problems

- Discovery Late
- Rudimentary
 Prehospital Capabilities
- Prolonged Transport
 Times

Could Telemedicine be used in Vermont's

"hostile" rural environment?



A Trauma Solution?

Use TMED to bring the eyes and ears of an experienced trauma surgeon into the community hospital to help with the initial stabilization of a trauma patient.

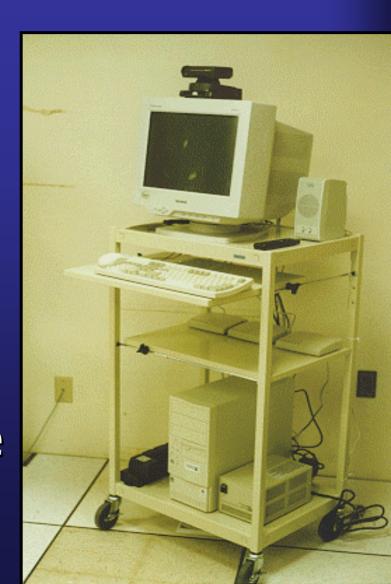
U.S. Department of Commerce

- Technologies Opportunities Programs (TOP)
- \$300,000 in matching funds
- http://www.ntia.doc.gov /oiahome/top/index.html

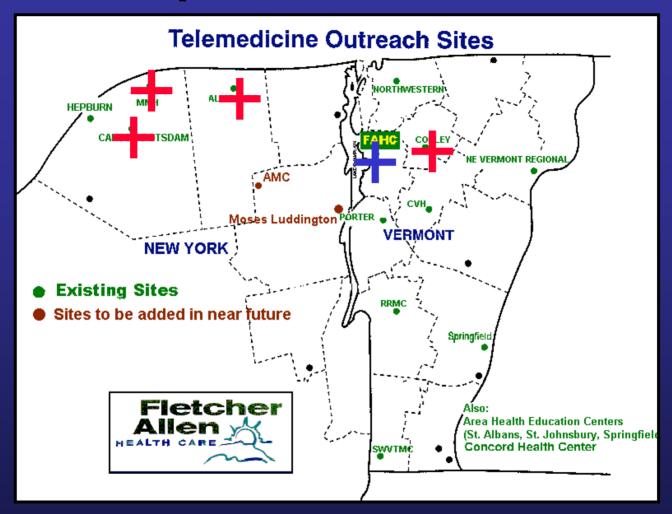


Telemedicine System

- Desktop System
- ISDN, 384 kbps
- Intel microprocessor
- 17" Sony Monitor
- Zydacron Z250 video conferencing board
- Zydacron Z206 multiple
 BRI comm board



Implementation



4 Trauma Sites & 3 Surgeon's homes

Trauma TMED Protocol

Any one of the following:

- ☑ 1. GCS ≤ 13
- 2. Hypotension
 (systolic BP < 90 mmHg)
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- ☑ 3. Penetrating truncal trauma
- ✓ 4. Respiratory Distress(10 > RR< 30)



Trauma TMED Protocol

- 6. Any patient not meeting the above criteria for whom the treating physician feels it is appropriate to call a telemedicine consult.

Electronic Eyes & Ears











Results

- 26 tele-trauma consults (4/2000 - 1/2001)
- -Ages 14 81 years old
- 96% blunt mechanism
- 50% MVC, 12% ATV,12% pedestrian struck

2 Cases of Potentially Lifesaving Tele-trauma Consults

Case #1 41 year-old with severe CHI unable to intubate

Emergent cricothyroidotomy



2 Cases of Potentially Lifesaving Tele-trauma Consults

Case #2 24 year-old severe multi-trauma hypotensive, severe CHI

DPL -> to OR for control of intracavitary hemorrhage

Technical Problems

- 4 times unable to connect
- Remote control failure
- Audio failure

Conclusion

- Tele-trauma enhances rural trauma care
 - Rapid response
 - -2 lives potentially saved.
 - -well received by rural trauma providers.
- Occasional technical difficulties

Questions?

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